

APR 23 2012

IN THE UNITED STATES DISTRICT COURT U.S. DISTRICT COURT
FOR THE Middle DISTRICT OF TENNESSEE MID DIST. TENN.
19th DIVISION

Anthony M. Ellis Name

Prison Id. No. _____

Name

Prison Id. No. _____

Plaintiff(s)

Health
v. Southern ~~Health~~ Partners.

Janie Russell LPN/MTA Name

Robertson Co. Detention CNT. Name

Defendant(s)

(List the names of all the plaintiffs
filing this lawsuit. Do not use "et
al." Attach additional sheets if
necessary.)

Civil Action No. _____
(To be assigned by the Clerk's
office. Do not write in this space.)

Jury Trial ☒ Yes ☐ No

(List the names of all defendants
against whom you are filing this
lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
FILED PURSUANT TO 42 U.S.C. § 1983

I. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuits in the United States District Court for the Middle District of Tennessee, or in any other federal or state court?

☐ Yes ☒ No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs

Defendants

N/A

2. In what court did you file the previous lawsuit? N/A
(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)
3. What was the case number of the previous lawsuit? N/A
4. What was the Judge's name to whom the case was assigned? N/A
5. When did you file the previous lawsuit? N/A (Provide the year, if you do not know the exact date.)
6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending? N/A
7. When was the previous lawsuit decided by the court? N/A (Provide the year, if you do not know the exact date.)
8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.
- ☐ Yes ☒ No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

II. THE PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information must be provided by each plaintiff.)

- A. What is the name and address of the prison or jail in which you are currently incarcerated? ROBERTSON CO. DETENTION CENTER.
- B. Are the facts of your lawsuit related to your present confinement?
- ☒ Yes ☐ No
- C. If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.
- N/A
- D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?
- ☐ Yes ☒ No

If you checked the box marked "No," proceed to question II.H.

- E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?
- ☐ Yes ☐ No
- F. If you checked the box marked "Yes" in question II.E above:
1. What steps did you take? _____
 2. What was the response of prison authorities? _____
- G. If you checked the box marked "No" in question II.E above, explain why not. _____
- H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?
- ☒ Yes ☐ No
- I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?
- ☒ Yes ☐ No
- J. If you checked the box marked "Yes" in question II.I above:
1. What steps did you take? Filed Grievance
 2. What was the response of the authorities who run the detention facility? (GRIEVANCE Attached)
- L. If you checked the box marked "No" in question II.I above, explain why not. N/A

Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: ~~Sharon Webster / Mrs. John Russell~~
- Prison Id. No. of the first plaintiff: _____



INMATE MEDICAL SERVICES GRIEVANCE FORM

This form is to be utilized by the inmate in filing a grievance against the medical staff and/or medical treatment received or not received. If the matter is not appropriate for a medical services grievance, a copy of this form will be returned to you marked NO ACTION REQUIRED. Once this form has been appropriately completed, please forward it to the medical staff through the correct channels. The medical staff will review all grievances, and take appropriate action to remedy the grievance. A copy will be given to the Jail Administrator so they are aware of the process and response as well.

Today's Date: 000 4-3-12 Facility Name/State: ROBERTSON Co. Detention Center.

Inmate's Name: Anthony M. Ellis Cell No./Location: Q-1

ID # and/or S.S.#: _____

Description of Grievance:

On 4-1-12 I WAS Told By The Medical STAFF That Nurse Janie Denied my Medical Shoes For Support of my Ankle & heel. I HAVE A 38. Bullet shell Lodged in my Foot, And i need Some Support on my Ankle. OR A shoe with Some type of ARCH To Help ABSORB impact when i WALK. (Request medical Shoes)

Inmate Signature: Anthony M. Ellis Date: 4-3-12

I've Had 2 Surgeries On this medical condition.

TO BE COMPLETED BY MEDICAL STAFF ONLY: Date Received Grievance: _____

Received by Medical Staff Name: _____

Action to be taken. Document appropriately. If no action needed, why?

I told you if you want shoes you have to have arch support in them. Your shoes here do not have it. It's not our responsibility

to supply them with your shoes you want we approved them you supply them

IF INMATE IS APPEALING MEDICAL RESPONSE TO ORIGINAL INMATE GRIEVANCE FORM: The inmate must respond on this original form by completed his/her reasons for disagreeing with the medical services response. Once completed, please forward it to the medical staff through the correct channels.

Inmate Signature: _____ Date: _____

INMATE GRIEVANCE FORM

This form is to be utilized by the inmate in filing a grievance against the medical staff and/or medical treatment received or not received. If the matter is not appropriate for a grievance, this form will be returned to you marked NO ACTION REQUIRED. Once this form has been appropriately completed, please forward it to the medical staff through the correct channels. The medical staff will review all grievances, and take appropriate action to remedy the grievance.

Today's Date: 4-7-12 Facility Name: R.C.D.C.

Inmate's Name: Anthony M. Ellis

Cell No./Location: Q-1 ID # and/or S.S.#: _____

Description of Grievance:

HAVING SERIOUS PAIN in my LEFT Ankle Due to medical Condition. I Need A Shoe with An Arch. This Sandal is not Appropriate For my heel. I Can't wear A Flat Footed Shoe with No Arch.

Inmate Signature: Anthony M. Ellis

TO BE COMPLETED BY MEDICAL STAFF:

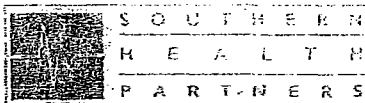
Date Received Grievance: 4-9-12 Received by: Russell W. MTA

Action to be taken: If no action needed, why?

I have already informed you that if you have arch supports brought in then you could have them. We didn't are doing what we can but you have to meet us half way. We are allowing you shoes with arch support it's not our responsibility to supply those to you. If you want them bad enough you will have family bring them in.

Please forward a copy of this Grievance Form to the inmate, if security allows. Otherwise, verbalize action to be taken, etc.

SHP Form 12/06



PLEASE REPLY - 3rd GRIEVANCE
CONCERNING This Situation.

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INMATE GRIEVANCE FORM

This form is to be utilized by the inmate in filing a grievance against the medical staff and/or medical treatment received or not received. If the matter is not appropriate for a grievance, this form will be returned to you marked NO ACTION REQUIRED. Once this form has been appropriately completed, please forward it to the medical staff through the correct channels. The medical staff will review all grievances, and take appropriate action to remedy the grievance.

Today's Date: 4-9-12

Facility Name: R. C. D. F.

Inmate's Name: Anthony M. Ellis

Cell No./Location: Q-1 ID # and/or S.S.#: _____

Description of Grievance:

This is my 3rd GRIEVANCE CONCERNING my medical condition. I HAVE yet TO GET A RESPONSE FROM the clinic HERE AT R.C.D.C. On 4-4-12 i met with DR. MATTHEWS. HE APPROVED A shoe with ARCH. Because i HAVE A 38. Bullet lodged in my LEFT Ankle/heel. I'm in pain Every now and then + i REQUEST A shoe to support my foot. The shoes in my property HAVE Some ARCH, And Some ARCH is BETTER Than NO ARCH At All. I'm indigent And i don't HAVE Any MEANS OF Getting shoes Brought TO the Jail.

Inmate Signature: Anthony M. Ellis

TO BE COMPLETED BY MEDICAL STAFF:

Date Received Grievance: 4-9-12 Received by: J. Swall UPK

Action to be taken: If no action needed, why?

You have filled out a grievance every day since the 4th. I have answered everyone. You need to give others time to look at them and respond. we tell you that your shoes has no arch support. Let someone go bring you some in or else do without.

SHF Form 12/06

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Robertson County Detention Center

Inmate Grievance Form

Date: 4-5-12

Complaint: On 4-4-12 DR. Matthews diagnosed my left foot, because of a 38. Bullet shell lodged in my ankle. He approved a medical shoe with arch for support. I am an indigent inmate with no means of acquiring a shoe from the outside, nor do I have a family member that is able to do so. If medical is not going to provide the shoes I need for my medical condition, I request to wear the shoes in my property that have an arch and that are more supporting for my condition. They are a lot more fitting than the orange sandals the jail provides.

Suggested Solution

To

Complaint: To have a medical shoe with an arch or to receive the shoes in my property with an arch. I need these shoes to support my medical condition. I have a bullet lodged in my heel that could possibly worsen if I don't get the shoes I need.

Inmate Name: Anthony M. Ellis

(If needed use back side of form)

This has already been addressed to you by medical Lt. Heatherly 4-12-12

Copy Attached

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INMATE MEDICAL SERVICES GRIEVANCE FORM

This form is to be utilized by the inmate in filing a grievance against the medical staff and/or medical treatment received or not received. If the matter is not appropriate for a medical services grievance, a copy of this form will be returned to you marked NO ACTION REQUIRED. Once this form has been appropriately completed, please forward it to the medical staff through the correct channels. The medical staff will review all grievances, and take appropriate action to remedy the grievance. A copy will be given to the Jail Administrator so they are aware of the process and response as well.

Today's Date: 2012-4-3-12 Facility Name/State: ROBERTSON Co. Detention Center.

Inmate's Name: Anthony M. Ellis Cell No./Location: Q-1

ID # and/or S.S.#: _____

Description of Grievance:

On 4-1-12 I WAS Told By The Medical Staff That Nurse Janie Denied my Medical Shoes For Support of my Ankle & heel. I HAVE A 38. Bullet shell Lodged in my Foot, and i need Some Support on my Ankle. OR A shoe with Some type of ARCH TO Help ABSORB impact when i WALK. (Request Medical Shoes)

Inmate Signature: Anthony M. Ellis Date: 4-3-12

I've Had 2 SURGERIES On this medical condition.

TO BE COMPLETED BY MEDICAL STAFF ONLY: Date Received Grievance: _____

Received by Medical Staff Name: _____

Action to be taken. Document appropriately. If no action needed, why?

I told you if you want shoes you have to have arch support in them. Your shoes here do not have it. It's not our responsibility to supply with your shoes you want. We approved them you supply them.

IF INMATE IS APPEALING MEDICAL RESPONSE TO ORIGINAL INMATE GRIEVANCE FORM: The inmate must respond on this original form by completed his/her reasons for disagreeing with the medical services response. Once completed, please forward it to the medical staff through the correct channels.

Inmate Signature: _____ Date: _____

Robertson County Detention Center

Inmate Grievance Form

Date: 4-8-12

Complaint: Met with DR. Matthews on 4-4-12.
He Approved A Shoe with an Arch Due To
Medical Condition (Bullet in Ankle/Heel).

Clinic States They don't provide Such A shoe.
I'm Indigent And I don't Have Anyone That
Can purchase Any shoes For me. My Ankle
Hurts At Times when i walk. I'm Requesting
To wear my shoes in property. They Have
An Arch And They will Help Support The
Weight of My Body off my Ankle Better
Than these Orange Sandles. A Little Arch
to on my foot is Better Than No Arch At
All.

Suggested Solution

To

Complaint: This issue has already been
addressed by medical and Dr.
Matthews

Inmate Name: Anthony M. Ellis

(If needed use back side of form)

ROBERTSON DETENTION CENTER

Informal Complaint form

Date: 4-8-12.

Complaint: I Request my shoes in my Property.
I was Approved for a shoe with an Arch By
Doctor Matthews on 4-4-12. My Ankle is in pain
Due to a Bullet Lodged in my Ankle. A little
Arch is Better Than No Arch At All. The Shoes in
my Property Have an Arch. I'm Indigent + I Can't get Anyone
to Bring me Any Shoes to the Jail.

Response to
Complaint: this has already been addressed
by medical

Inmate Name: Anthony M. Ellis

Responding Officer: Lt. Heatherly Date: 4-12-12

(If needed use back side of form)

Address of the first plaintiff: ~~SPRINGFIELD TOWN~~

(Include the name of the institution and mailing address, including zip code. If you change your address you must notify the Court immediately.)

2. Name of second the plaintiff: Anthony M. Ellis

Prison Id. No. of the second plaintiff: _____

Address of the second plaintiff: 311 5th AVE. EAST
SPRINGFIELD TN, 37172

(Include the name of the institution and mailing address, including zip code. If you change your address you must notify the Court immediately.)

If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: Southern Health Partners / R.C.D.C. Janie
RUSSELL LPA/MTA

Place of employment of the first defendant: 311 5th AVE. EAST
Springfield TN, 37172

The first defendant's address: _____

Named in official capacity? ☐ Yes ☐ No
Named in individual capacity? ☒ Yes ☐ No

2. Name of the second defendant: _____

Place of employment of the second defendant: _____

The second defendant's address: _____

Named in official capacity? ☐ Yes ☐ No
Named in individual capacity? ☐ Yes ☐ No

If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 1/2 in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four sides.

ON 4-1-12 I WENT TO THE CLINIC - MEDICAL TO SEE IF I COULD GET MEDICAL SHOES BECAUSE OF AN ANKLE INJURY. I WAS TOLD BY A NURSE MS GERROD THAT NURSE RUSSELL INFORMED HER THAT I WILL NOT BE GETTING ANY MEDICAL SHOES. ON 4-4-12 I RETURNED TO MEDICAL AND WAS SEEN BY A DR. MATTHEWS AT R.C.D.C. HE APPROVED A SHOE WITH AN ARCH AFTER HIS EXAMINATION OF MY LEFT ANKLE. WHICH I HAVE HAD 2 SURGERIES ON DUE TO A BULLET LODGED IN MY HEEL. I WAS TOLD I NEEDED TO HAVE SOMEONE BRING SOME SHOES WITH ARCH TO THE JAIL BY NURSE JANIE RUSSELL EVEN AFTER THE DOCTOR APPROVED A SHOE WITH ARCH. I AM AN INDIGENT INMATE AND I HAVE NO MEANS TO HAVE ANYONE BRING A SHOE TO THE JAIL.

SO I REQUESTED THE SHOES I HAVE IN PROPERTY BECAUSE THEY HAVE AN ARCH. MY LEFT FOOT IS SWOLLEN AND I STAY IN PAIN DAILY. I HAD MY FOOT EXAMINED AGAIN BY DR. MATTHEWS ON 4-11-12 AND HE TOLD NURSE JANIE RUSSELL THAT MY FOOT WAS SWOLLEN AND SOMETHING NEEDS TO BE DONE. I ASKED IF I COULD PLEASE HAVE MY SHOES IN PROPERTY. BUT NURSE RUSSELL TOLD ME QUOTE: "THAT I WASN'T GETTING ANYTHING. ON 4-12-12 NURSE RUSSELL CAME IN THE UNIT I'M BEING HOUSED IN AND TOLD ME THAT I WAS A NIGGER AND THAT AS LONG AS SHE WAS WORKING NIGGERS WON'T GET ANYTHING FOR THEIR PAIN."

I'M HURTING BAD AND I NEED SOME SHOES WITH AN ARCH FOR MY MEDICAL CONDITION. THE LONGER I WEAR THESE SANDALS THE JAIL ISSUES THE WORSE MY FOOT WILL GET. I AM IN THE CARE OF THE R.C.D.C. IT'S THEIR RESPONSIBILITY TO CARE FOR ANY AND EVERYONE OF MY MEDICAL NEEDS.

V. RELIEF REQUESTED: Specify what relief you are requesting against each defendant.

- A. THE COST TO PURCHASE SHOES FOR MY MEDICAL CONDITION.
- B. PAIN & SUFFERING.
- C. DISCRIMINATION.
- D. FOR MS RUSSELL TO LOSE HER LICENSE.
- E. DENIED MEDICAL TREATMENT

F. I request a jury trial. ☒ Yes ☐ No

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: Anthony M. Ellis Date: 4-17-12

Prison Id. No. _____

Address: R.C.D.C. 3115th Ave. East.
Springfield Tn, 37172
(Include the city, state and zip code.)

Signature: _____ Date: _____

Prison Id. No. _____

Address: _____

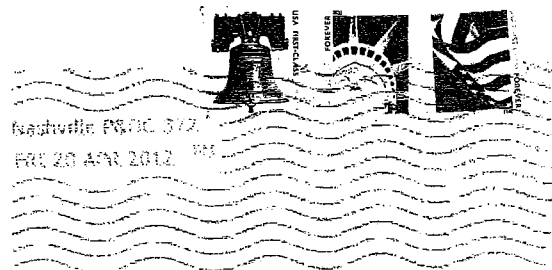
(Include the city, state and zip code.)

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned. Filing fees, or applications to proceed *in forma pauperis*, received without a complaint will be returned.

MR. Anthony Ellis
311 5th Ave. E
Springfield Tn, 37172 Q1



RECEIVED
IN CLERK'S OFFICE
APR 23 2012
U.S. DISTRICT COURT
MID. DIST. TENN.

RECEIVED
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APR 23 2012
U.S. DISTRICT COURT
MID. DIST. TENN.

CLERK, U.S. District Court
U.S. Courthouse, Room 800
Nashville Tn, 37203

Produced Pursuant to Court Order
in Case No. 3:12-cv-00401
Dated 04/23/12

LEGAL MAIL